FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
NAME OF COMMITTEE (in fu		: If typying, type lines 12FE4M5
The National Ba	ank of South Carolina PAC	
 [		
ADDRESS (number and str	reet) 1241 Main Street	
(Check if address	PO Box 1457	
is changed)	Columbia	SC 29201 _
	CITY▲	STATE▲ ZIP CODE ▲
committee's e-mail bethpetersen@	ADDRESS synovustrust.com	
COMMITTEE'S WEB P	AGE ADDRESS (URL)	
COMMITTEE'S FAX NU	JMBER	
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2. DATE 0.1	0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00194	1191
4. IS THIS STATEME	ENT NEW (N) OR X	AMENDED (A)
I certify that I have examin-	ed this Statement and to the best of my knowledge and be	lief it is true, correct and complete
Type or Print Name of T	reasurer Mr. Charles W. Garnett	
Signature of Treasurer	Electronically Filed by Mr. Charles W. Garne	ett Date 01 04 2008
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the po	erson signing this Statement to the penalties of 2 U.S.C. S437g.  D BE REPORTED WITHIN 10 DAYS
Office Use Only FE3AN042.PDF	Fec Toll	further information contact: leral Election Commission Free 800-424-9530 al 202-694-1100  FEC FORM 1 (Revised 02/2003)

	FEOForm 1 (Revis	ised 02/2003)				Page 2
5.	TYPE OF COMMITTEE	(Check One)				
	(a) This com	nmittee is a principal campa	aign committee. (Complete the	candidate information	ı below.)	
	( - )	nmittee is an authorized colion below.)	mmittee, and is NOT a principa	al campaign committe	e. (Complete the c	candidate
	Name of Candidate					
	Candidate Party Affiliation	Office Sought	:: House	Senate	President	State District
	(c) This com	ımittee supports/opposes o	only one candidate, and is NOT	an authorized commi	ttee.	
	Name of Candidate					
	(e) X This com		(National, State (or subordinate) comr gated fund nore than one Federal candidat		Ře	emocratic, epublican,etc.) Party.  und or party
6.	Name of Any Connecte	ed Organization or Affilia	ated Committee			
L	The National Bank o	of South Carolina				
L			<u> </u>			
	Mailing Address	124	1 Main Street			
		P.O	). Box 1457			
		Col	umbia	sc	29	201
			CITY	STAT	E▲	ZIP CODE 🛦
	Relationship	Connected Organiza	ation			
	Type of Connected Orga	anization:				
	X Corporation		Corporation w/o Capital Sto	ock	Labor Organizati	ion
	Membership Or	rganization	Trade Association		Cooperative	

	(Revised 02/2003)				Pa	age 3
Write or Type Comm		dina DAC				
Custodian of Re		ame, address, (phone nun	nber optional), and posi	tion of the	e person in	
possession of (	Committee books and	d records.				
Full Name	Mr. Charles W. C	Garnett				
Mailing Address		P.O. Box 1457				
		Columbia	sc	<u> </u>	29202 _	
Title or Position	,	CITY A	STAT	EA	ZIP COI	DE A
	Treasurer		Telephone number			
name and addr Full Name of Treasurer	ess of any designate	ed agent (e.g., assistant tre Garnett	easurer).			
Mailing Address		P.O. Box 1457				
		Columbia	sc		29202 _	
Title or Position	,	CITY A	STAT	E▲	ZIP CO	DE 🛦
	Treasurer		Telephone number	803	_ 929 _	2067
Full Name of Designated Agent	Jo D. Thames					
Mailing Address		P.O. Box 940				
		Sumter		<u> </u>	29150 –	
Title or Position ¶	•	CITY A	STAT	E 🛦	ZIP COI	DE A

Telephone number

**Assistant Treasurer** 

FEC Form 1	(Revised 02/2003)	Page 4

Banks or Other Dep- safety deposit boxes of Name of Bank, Depos	or maintair					ban	ıks	or (	oth	er d	ер	osit	orie	es ir	ı w	hich	the	e cc	omr	nitte	ee o	dep	osit	s fu	ınds	s, h	olds	ac	COL	unts	s, r	ents	8	
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Name of Bank, Depository	y, etc.	[ A	ADDITIONAL ]
Mailing Address			
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
Name of Any Connecte	ad Organization or Affiliated Committee		
Name of Any Connecte	ed Organization or Affiliated Committee		ADDITIONAL ]
Name of Any Connecte	ed Organization or Affiliated Committee		ADDITIONAL ]
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	ed Organization or Affiliated Committee Corp. Georgia Fund for Effective Leadership		ADDITIONAL ]
		[ <b>A</b>	ADDITIONAL ]
		[ <b>A</b>	ADDITIONAL ]
iynovus Financial C	Corp. Georgia Fund for Effective Leadership	[ <b>A</b>	ADDITIONAL ]
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iynovus Financial C	P.O. Box 120		ADDITIONAL ]
ynovus Financial C	P.O. Box 120		
ynovus Financial C	P.O. Box 120	[ A	ADDITIONAL ]
ynovus Financial C	P.O. Box 120  Columbus	GA L	31902
Synovus Financial C	P.O. Box 120		
Synovus Financial C	P.O. Box 120  Columbus	GA L	31902
Synovus Financial C	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902
Synovus Financial C  Mailing Address	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C Mailing Address	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C Mailing Address Relationship	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C  Mailing Address  Relationship	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C  Mailing Address  Relationship  Type of Connected Organ	P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C  Mailing Address  Relationship	Corp. Georgia Fund for Effective Leadership  P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦
Synovus Financial C  Mailing Address  Relationship  Type of Connected Organ	P.O. Box 120  Columbus  CITY	GA L	31902 ZIP CODE 🛦

Page 5 / 12

Designated Agent			[ ADDITIONAL ]
Full Name			<b>_</b>
Title or Position ▼	CITY A		
	Tele	ephone number	

Name of Bank, De	epository, etc.								L /	וטטו	HOI	NAL ]	
Mailing Address													Ш
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Name of Any Co	onnected Orga	anization or <i>i</i>	Affiliated	I Committee	3				[ /	ADDI	TIOIT	NAL ]	
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Synovus Finar		Tennessee	Fund f			ship			[ <i>i</i>	ADDI	TION	NAL ]	
Synovus Finar		Tennessee	Fund f			ship			[ <i>i</i>	ADDI	TION	NAL ]	
Synovus Finar		P.O. Box	120			ship						NAL ]	
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Synovus Finar		P.O. Box	120			ship	GA	_		3190			
Synovus Finar	ncial Corp.	P.O. Box	Fund f	or Effectiv		ship	 	_		3190	 		
Synovus Finar  Mailing Address	ncial Corp.	P.O. Box	Fund f	or Effectiv		ship		_		3190	 		
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Synovus Finar  Mailing Address  Relationship	Affiliate	P.O. Box Columbu	Fund f	or Effectiv		ship		_		3190	 		
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Type of Connecte	Affiliate	P.O. Box Columbu	Fund f	or Effective	e Leader			- <b>E A</b>		3190 Z	P2 -		

Page 7 / 12

Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position ♥	CITY A	STATE	
		Felephone number	

safety deposit box Name of Bank, Do	epository, etc.									L	ADI	DITI	ONA	AL J
Mailing Address														
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Synovus Fina		Florida	Fund for			ership				[ 			ON/	AL ]
Synovus Fina		Florida I	Fund for			ership				[		DITI	ONA 	AL ]
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Synovus Final  Mailing Address	ncial Corp. I	Florida   P.O. E	Fund for  Box 120  hbus	Effecti	ve Leade	ership				[		902		
Synovus Final  Mailing Address		Florida   P.O. E	Fund for  Box 120  hbus	Effecti	ve Leade	ership					31	902		
Synovus Final  Mailing Address	ncial Corp. I	Florida   P.O. E	Fund for  Box 120  hbus	Effecti	ve Leade			STA	TE 🛦		31	902 ZIP (		
Synovus Final  Mailing Address  Relationship	Affiliate	P.O. E	Fund for  Box 120  hbus	Effecti	ve Leade			STA	TE 🛦		31	902 ZIP (		
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Page 9 / 12

Designated Agent		[ ADDITIONAL ]
Full Name		
Title or Position ▼	CITY A	
	То	elephone number

safety deposit boxes or mai		[ ADDITIONAL ]
Name of Bank, Depository,	etc.	[//55///5////1]
Mailing Address		
	CITY A STATE	△ ZIP CODE △
Name of Any Connected	Organization or Affiliated Committee	[ ADDITIONAL ]
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Synovus Financial Co	P.O. Box 11746	
Synovus Financial Co	orp. Committee for Good Leadership	
Synovus Financial Co	P.O. Box 11746	
Synovus Financial Co	P.O. Box 11746  Birmingham  AL	35202
Synovus Financial Co	P.O. Box 11746	35202
Synovus Financial Co	P.O. Box 11746  Birmingham  CITY  STATE	35202
Synovus Financial Co  Mailing Address	P.O. Box 11746  Birmingham  AL	35202
Synovus Financial Co	P.O. Box 11746  Birmingham  CITY  STATE	35202
Synovus Financial Co  Mailing Address  Relationship	P.O. Box 11746  Birmingham  CITY  STATE	35202
Synovus Financial Co  Mailing Address  Relationship	P.O. Box 11746  Birmingham  CITY  STATE	35202
Synovus Financial Co  Mailing Address  Relationship Affil  Type of Connected Organi	P.O. Box 11746  Birmingham  CITY  STATE	35202 ZIP CODE <b>A</b>
Synovus Financial Co  Mailing Address	P.O. Box 11746  Birmingham  CITY  STATE	35202

Page 11 / 12

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
	Te	elephone number